



## **CORRECTIONAL WORK IN THE DEVELOPMENT OF SPEECH IN PRESCHOOL-AGED CHILDREN WITH MUSCULOSKELETAL CHALLENGES**

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### **A B S T R A C T**

This article talks about the types of children's cerebral palsy, their causes, and speech exercises used to eliminate speech defects in them.

### **K E Y W O R D S**

Cerebral palsy, etiology, dysarthria, complex exercises.

### **Introduction**

Speech development is a complex and crucial aspect of a child's early years, playing a pivotal role in their overall cognitive and social growth. For preschool-aged children, the acquisition of effective communication skills lays the foundation for successful academic achievement and social integration. However, when musculoskeletal problems impede the normal progression of speech development, it becomes imperative to address these challenges comprehensively. This scientific article focuses on the vital role of correctional work in nurturing the speech development of preschool-aged children grappling with musculoskeletal issues.

Musculoskeletal problems in early childhood can manifest in various forms, affecting motor skills, coordination, and overall physical well-being. These challenges often have a cascading impact on the development of speech and language abilities, hindering the child's ability to express themselves and engage meaningfully with their environment. As researchers and practitioners delve deeper into the intricate relationship between musculoskeletal issues and speech development, the importance of targeted correctional interventions becomes increasingly apparent.

Understanding the interplay between motor skills, orofacial structures, and speech processes is essential for designing effective correctional strategies. Early identification of musculoskeletal challenges in preschool-aged children allows for timely and targeted interventions, mitigating potential long-term consequences on their speech and language abilities. This article explores evidence-based practices, innovative therapeutic approaches, and the integration of multidisciplinary expertise to enhance the speech

development of children facing musculoskeletal hurdles during this critical phase of their lives.

By shedding light on the nuances of correctional work in the context of speech development, this article aims to contribute to the growing body of knowledge in the fields of pediatric rehabilitation, speech-language pathology, and early childhood education. Through a synthesis of empirical research, case studies, and practical insights, we endeavor to provide a comprehensive understanding of the challenges posed by musculoskeletal issues and the transformative potential of correctional interventions in fostering optimal speech outcomes for preschool-aged children. Ultimately, the findings presented herein aspire to inform clinicians, educators, and researchers alike, fostering collaborative efforts to address the unique needs of this vulnerable population and promote inclusive and effective strategies for their speech development.

Children with various congenital and early-acquired diseases and injuries of the locomotor system have similar characteristics, and most complaints are focused on movement defects (disorders of body formation, developmental delay, limited movement in some parts of the body, etc.)

Some children with this pathology do not have mental deviations and do not require special educational measures. But all children with musculoskeletal disorders need special living conditions, education and specialized work conditions.

### Cerebral palsy in children

The combination of pathologies of fetal development with birth trauma is currently one of the most common causes of cerebral palsy in children.

Many children with musculoskeletal problems, especially children with cerebral palsy, have various speech defects. One of the most common speech disorders is called dysarthria. Dysarthria is a speech disorder caused by damage to the central nervous system of speech (speech centers in the brain). Dysarthria is characterized by the pronunciation of sounds and voice disorders due to paralysis of the muscles (muscles) of the speech organs as a result of organic diseases of the central and peripheral nervous system. Children with dysarthric speech defects should be constantly worked on correcting their speech. Because correctional work with a disabled child is the most pressing issue.

Exercises for speech organs. A complex of speech exercises is recommended at the first stage in order to develop, identify and strengthen the main movements of the speech organs.

The main goal of speech exercises is to form a certain state for the correct movement of speech organs and the correct pronunciation of sounds. Choosing the right exercises for the speech organs and forming them in the speech organs will have a good effect. In order to strengthen movement skills and perform them more perfectly, it is possible to perform speech exercises 4-5 times a day for 3-5 minutes. Each exercise should be shown by the pedagogue himself.

## 1. Motionless exercises for the tongue.

- a) "Birds" - the mouth is wide open; the tongue is in its place in a calm state;
- b) "Shovel" - the mouth is open, widely relaxed, the tongue lies on the lower lips;
- s) "Togoracha" - the mouth is wide open. The front and side of the tongue rises, but does not touch the teeth;
- d) "Spear" with its mouth open. Pointed, long, tense, hard, the tongue is pushed forward;
- e) "Tepach" - open mouth. The tip of the tongue is pressed against the lower teeth. The middle of the tongue is raised and a "hill" is formed;
- f) "Tarnovcha" - open mouth. The tip of the tongue rises up and creates a "tarnovcha";
- g) "Mushroom" - open mouth. It is absorbed by sticking the tongue to the palate.

## 2. Movement exercises for the language.

- a) "Clock" - the mouth is slightly open; the lips are in a smiling position. The tip of the tongue moves alternately towards the corners of the mouth.
- b) "Snake" - mouth wide open. The tip of the tongue is extended and then the mouth is drawn inward.
- s) "Argymchak" - mouth open. Tense, the tongue moves towards the upper and lower nose and chin or towards the upper and lower teeth;
- d) "Football" - the mouth is closed. The tongue hits the right and left lunges.
- e) "Tooth cleaning" - mouth closed. The tongue is moved between the lips and the teeth (on the gums).
- f) "Painter" - mouth open. The wide tip of the tongue is moved from the upper teeth to the soft palate.
- g) "Sweet jam" - mouth open. The upper lip is licked with the wide tip of the tongue and the tongue is taken inside the oral cavity.

## 3. Lip exercises.

- a) "Smile" - the lips are kept in a smiling position. The teeth are not visible.
- b) "On the wall" - upper and lower teeth are shown. Lips in a smiling position.
- s) "Tube"-lips protruding forward in the form of a long tube.
- d) "Khartoumcha"-plastering of plastered lips.
- e) "Hole kulcha" - the teeth are stuck together; the lips are slightly stretched forward in the form of a hole kulcha. Upper and lower teeth are visible.
- f) "Rabbit"-teeth in clenched position. The upper lip is raised and the upper teeth are visible. These exercises are performed sequentially. During the preparatory period, the pedagogue or parent should choose some of the above exercises, i.e., only those exercises that are suitable for the correct formation of the incorrectly pronounced sound.

Rehabilitation work with children with cerebral palsy should be carried out in the family and in pre-school education institutions. The earlier the diagnosis is started, the more effective the treatment will be. Treatment-correction-developing, rehabilitation work system is implemented on the basis of the complex work of a physiotherapist, a treating physical education specialist, a neuropathologist, a speech therapist and an oligophrenopedagogue.

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